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PATENTS *clm*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Jacquelyn A. Martino, et al. **Examiner:** Kimhung T. Nguyen
Serial No: 09/739,512 **Art Unit:** 2674
Filed: December 18, 2000 **Docket:** US000363 (16196)
For: ADAPTABLE REMOTE CONTROL WITH EXCHANGABLE CONTROLS **Dated:** February 3, 2003

Assistant Commissioner for Patents
United States Patent and Trademark Office
Washington, D.C. 20231

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RESPONSE

Sir:

In response to the Official Action dated November 6, 2002, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks.

IN THE CLAIMS:

Please amend claim 11 as follows:

a-1
11. (Amended) A user interface as in claim 6, wherein each of said tokens has a device containing a code uniquely identifying said token such that said controller can distinguish between said tokens.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on February 3, 2003.

Dated: February 3, 2003

[Signature]
Mishelle Mustafa

2674

FEB 0 8 2003

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Jacquelyn A. Martino, et al.

Docket No.

US000363 (16196)

Serial No.

09/739,512

Filing Date

December 18, 2000

Examiner

Kimhung T. Nguyen

Group Art Unit

2674

Invention: ADAPTABLE REMOTE CONTROL WITH EXCHANGEABLE CONTROLS

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

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Transmitted herewith is an amendment in the above-identified application.

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The fee has been calculated and is transmitted as shown below.

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CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	6 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
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- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP.
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- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.



Signature

Dated: February 3, 2003

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20231.



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Michelle Mustafa

Typed or Printed Name of Person Mailing Correspondence

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